

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for DME equipment for date of service April 6, 2001.
- b. The request was received on April 4, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on July 1, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on July 2, 2002. The response from the insurance carrier was previously received in the Division on June 14, 2002. Based on 133.307 (i) the insurance carrier's response is timely.

4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated June 4, 2002 that... "After submitting our initial claim and also our request for reconsideration, the insurance carrier only paid us \$150.00 total for codes E1399 (Pain Pump), A4306 (Disposable Catheter) and E1399 (Set up Fee) out of \$745.00 that was billed for these items... we have enclosed EOBs from other insurance carriers that have reimbursed us for these same codes at the full amount. These EOBs should clearly prove and state that we are only asking to get reimbursed what is "fair and reasonable" per our geographical area as stated in the TWCC Medical Fee Guidelines when there is no MAR... The insurance carrier stated 'no additional payment due. Provider has been overpaid as the same DME items were billed on two different bills' – this statement is incorrect. As you can see... one of them is for the pain pump... and the other one is for a cryotherapy unit... In summary, we strongly feel and believe that we should be reimbursed an additional \$595.00 plus interest since the enclosed EOBs of other insurances clearly reflect what we should be reimbursed in our geographical area...
2. Respondent: The respondent states in the correspondence dated June 13, 2002 that ... "This dispute has brought to our attention the fact that an overpayment was issued for CPT E0236, E0249 and A4306 in the amount of \$655.92. Documentation was not submitted to support the use of an \$870.00 Cryotherapy Unit over the use of an ordinary ice bag, therefore, the charges should have been denied as unnecessary medical... The provider also billed CPT E1399 for \$495.00 for a Pain Pump. The bill processor mistook this bill as Stimulator Rental and reimbursement was made at our fair and reasonable rate of \$150.00 for Stimulator Rental... Due to the fact that an overpayment was made, and a refund is actually due Liberty Mutual, we do not feel that any additional reimbursement is due the provider..."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is April 6, 2001.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
04/06/01	E1399	\$495.00	\$150.00	F	DOP	TWCC Act & Rule Section 134.1(f) MFG, General Instructions (III)(A)	Requestor has submitted the prescription from HCP and redacted EOBs to support the charges for the pain pump; therefore reimbursement in the amount of \$345.00 (\$495.00 - \$150.00 = \$345.00) is recommended.
04/06/01	A4306	\$125.00	\$0.00	D	DOP	TWCC Act & Rule Section 134.1(f) MFG, General Instructions (III)(A)	Requestor has submitted EOBs to support that the disposable catheter is not a duplicate charge. The HCP has also submitted redacted EOBs to support the charges; therefore reimbursement in the amount of \$125.00 is recommended.
04/06/01	E1399	\$125.00	\$0.00	D	DOP	TWCC Act & Rule Section 134.1(f) MFG, General Instructions (III)(A)	Requestor has submitted EOBs to support that the set up and training fee is not a duplicate charge. The HCP did not submit redacted EOBs to support the charges; therefore reimbursement is not recommended.
Totals							The Requestor is entitled to reimbursement in the amount of \$470.00

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$470.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 17th day of December 2002.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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